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CLINICS.

CLINICAL LECTURES.

A Clinical Lecture on Rötheln or German Measles. Delivered at Middlesex Hospital. By ROBERT LIVEING, M.D., Physician to the Hospital.

GENTLEMEN: In April, 1870, Dr. Murchison directed attention in this theatre to two cases of German measles then under his care. Since that time until the present summer (1873) I am not aware that any similar cases have been admitted into our hospital; indeed, the malady is generally of so mild a character that it is not commonly seen in our wards. It is therefore all the more important that you should turn your attention to it whenever occasion offers; for ignorance of its peculiarities may hereafter involve you in troublesome errors of diagnosis in the practice of your profession.

The disease we are speaking of was first described by German writers more than half a century ago, under the name of "rubeola," by which name it is still known in Germany. Unfortunately the same name has been applied in this country to common measles, or morbilli, so that we are obliged to introduce a new name, such as "German measles," "rötheln," or "hybrid measles," or "hybrid scarlatina." The two latter names are most objectionable, inasmuch as they give colour to the erroneous notion that the disease is a combination of measles with scarlatina.

Jane B———, aged twenty-seven, admitted June 10th, 1873, housemaid. This case was placed under my care by Dr.

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Harling, who had recognized it as one of German measles. When about eight years old the patient had a sharp attack of measles. On Sunday morning, the 8th of June, at 7 A.M., she had a feeling of nausea, which lasted during the morning, but passed off after dinner. On Monday morning, the 9th, about seven o'clock, the same feeling returned, accompanied with headache. At breakfast she found that her throat was sore on swallowing, and also noticed lumbar pains. At about 2 P.M. she saw that her face was red and a little swollen, then that her neck, back, and chest were flushed in a similar manner. She went to a doctor the same evening, who stated that in his opinion her complaint was measles. On the 10th, she noticed that her legs were affected, being red all over. She felt feverish.

On admission, the whole body of the patient was covered with small patches of a red papular eruption, most marked on the back, where it was more or less confluent. There was slight sore-throat, and the fauces were red. The conjunctivæ were somewhat suffused; the tongue was marked by the teeth, and of a brownish colour in the centre. The physical signs of the chest were fairly good; the bowels rather confined. The urine contained no albumen.

June 12. The rash is beginning to fade, and is slight on the hands and feet.

13*th*. The tonsils are rather swollen, the left more than the right. There is a slight trace of albumen in the urine.

14*th*. The left tonsil is ragged and painful; the vessel can be distinctly seen running over the posterior surface of the pharynx, which has scattered over it patches of a whitish-yellow colour. The rash is fading, but has not quite disappeared, and the temperature is normal. The bowels open freely.

16*th*. The urine is acid, 1032, and loaded with urates; no albumen.

17*th*. The throat is rather better, and there is no pain, and no rash to be seen.

25*th*. The patient was discharged convalescent. The eruption lasted seven days, but never became thoroughly confluent.

The patient was under observation for some weeks after her discharge; there was a very slight branny desquamation of cuticle.

[Four other cases are related by Dr. Liveing, the details of which it is unnecessary to give here.]

Remarks.—The following points are especially worthy of note:—

1. The premonitory fever in German measles is generally mild, and resembles in many respects, though not in duration, that of common measles. There is more or less pain in the limbs, slight shivering, sore-throat, and often, though by no means always, coryza, redness of the conjunctivæ, and sneezing. All these symptoms were present in some of the cases I have had under my care. The characteristic features, however, of the premonitory fever, as contrasted with that of measles, is its *duration*, which is seldom much more than twenty-four hours, whereas in measles, it is from three to four days—that is, the eruption of the latter disease appears on the fourth or fifth day. Dr. Murchison remarks on this point, that "most authors fix the duration of this stage at about three days, the eruption being said to appear on the third or fourth day. In my experience, its duration, as in the cases you have seen in the wards, is much shorter, the rash appearing on the second day, or even within the first twenty-four hours." Dr. Murchison's experience is entirely borne out in this respect by my own, and that of many other observers. Indeed, I consider the short duration of the febrile attack before the eruption appears as one of the most constant and distinctive features in which this fever differs from ordinary measles.

2. The character of the eruption when it first appears is almost always described as "measly"—that is, in small reddish patches. In the first instance the rash consists of small rounded collections of minute red papules, which after a time coalesce and form larger irregular patches, just as in measles, but with apparently less tendency to become of a horse-shoe or crescentic shape. After a time the patches may all unite, and then the skin becomes to the naked eye of a uniform red colour, closely resembling that in scarlet fever.

This coalescence of patches was complete in two of the cases recently under my care in this hospital. In the other cases the confluence was only partial, the eruption retaining some of its patchy character until it finally faded away. The rash is generally of a rather brighter colour than is met with in typical measles. "The eruption," says Dr. Murchison, "is copious in direct ratio to the severity of the general symptoms. It lasts longer, as a rule, than the rash of either measles or scarlet fever—from four to ten days. Its disappearance is followed by a desquamation of branny scales." With regard to the desquamation, I would remark that it is generally such a characteristic feature as in scarlet fever. Very mild cases of the latter disease often desquamate freely. Mild cases of German measles, on the other hand, desquamate but little, as in the cases before us, where it was but slight. The protracted duration of the eruption is certainly one of the characteristics of the malady, though no doubt a more or less variable one, and of little or no value as a means of early diagnosis. In the cases under my care in the hospital the eruption lasted from five to seven days—a longer time than is usual either in measles or scarlet fever.

3. Amongst the most constant symptoms of this fever is the persistent, though not generally severe, sore-throat. The tonsils are red and swollen, and remain in that state usually for some days after the rash has faded; indeed, the sore-throat is often the last symptom to disappear. This soreness about the fauces is by no means of the same severe character as that met with in scarlet fever, and very rarely leads to ulceration.

4. The presence of albuminuria is of not unfrequent occurrence, and it was present for a short time in two of the examples under discussion. It does not always, however, pass away rapidly, as it did in these cases; it may become chronic, or even lead in some rare instances to acute dropsy. This, in fact, constitutes the chief and almost the only grave feature of the disease, but, as it rarely occurs, a favourable prognosis may be given.

5. The disease propagates itself, and never leads to the production of either scarlet fever or measles in others. The seed, as a gardener would say, comes up true. This is a fact of great importance, and almost conclusive against its being either a mild form of morbilli or scarlatina, or even a combination of the two.

6. German measles affords no protection from either of its allied diseases; nor does scarlet fever or measles protect in the slightest degree from attacks of rötheln. This fact, if admitted—and it is undoubtedly true—is the strongest possible evidence that the disease is distinct from all others, however its superficial appearance may lead us to believe that it is some modified form, or so-called hybrid, of scarlatina and morbilli. All my patients, with one exception, had previously had measles. My own opinion is, that rötheln is more distinctly epidemic, at least in this country, even than ordinary measles, and certainly more so than scarlatina; and, further, that it is probably far less contagious than either of those diseases, though on this point I should be very unwilling to dogmatize. Several convalescent children were in constant communication with the cases in my wards, but not one of these children contracted the malady. Moreover, several cases that I have had under my care in private practice have failed to communicate the disease to others.

In conclusion, I would remark that German measles is not yet fully recognized by the profession in this country; little or no account is given of it in our ordinary text-books on medicine, and its name does not find a place in the "nomenclature of diseases" drawn up by a committee of the Royal College of Physicians. Under these circumstances, it is not surprising that errors of diagnosis should sometimes bring discredit on our profession. For example, a medical man is called in to a case of German measles in its early eruptive form; he is not particular to inquire about the symptoms or the duration of the premonitory fever, and he at once pronounces it *measles*. Perhaps this would be of little importance if the case remained under his care, but unfortunately he is sent for to the country, and in

the mean time the character of the rash of his patient has changed to a uniform red eruption, and is pronounced by some other medical man to be *mild scarlatina*. In the course of ten days, probably, the patient is well, and it then is evident that the case is one neither of measles nor of scarlatina, but of rötheln. It is in order that you may be on your guard against similar mistakes that I have to-day directed your attention to this subject.—*Lancet*, March 14, 1874.

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Abstract of a Clinical Lecture on Transfusion in Anæmia.—Professor BEHIER has published an important clinical lecture which he delivered at the Hôtel-Dieu on a successful case of transfusion in anæmia, in which he enters into the general question at considerable length. A woman, twenty-one years of age, was brought to the hospital on January 24 in a fainting condition, having been the subject of very profuse metrorrhagia during the twelve preceding days. Notwithstanding all attempts at its permanent arrest by means of ice, ergot, plugging, etc., the flow of blood continued, so that at length she became so reduced by the 29th that death seemed imminent. Exploration failed to reveal any cause for the hemorrhage, which was therefore attributed to prolonged lactation of an infant sixteen months old, combined with her laborious mode of life. However this may be, she was dying of anæmia, and incoercible vomiting preventing the administration of food or stimuli, it was resolved to resort to transfusion. M. Behier employed Moncoq's apparatus as modified by Matthieu. Believing the introduction of a little air into the vein selected is of no great consequence, provided the vein be one of those of the extremities, he strongly objects to the employment of defibrinated blood, which he regards as a practice quite at variance with physiological teaching. For those who doubt their dexterity in introducing the canula, he recommends that the vein should be previously opened by a lancet exactly as for venesection, the opening not being a large one, but only sufficient to admit the fine orifice of the canula. Whatever the apparatus employed, it is a rule of the highest importance that the blood should be introduced very slowly by a continued and regular movement, unaccompanied by any jerking or suddenness. If this slow introduction be not well observed, we may have, as indicated by Brown-Séquard, death by syncope or convulsions accompanied by vomiting. This syncope would appear to be correctly attributed to the too great distension of the right ventricle, the walls of which are paralyzed. There is also another class of accidents which may follow the too sudden or too copious introduction of blood. The patient falls into a sort of inertia, the face becoming pale and puffed, while the eyelids are swollen and assume a slightly violaceous colour, the torpor is well nigh complete, and the patient dies, not suddenly, but at the end of some hours. The explanation of this occurrence is involved in some obscurity, but it is of the highest importance to prevent so redoubtable an accident. A sign of its imminence to which M. Behier attaches great importance is the occurrence of a slightly dry cough. Wherever this is observed the injection should be arrested, for it is the first indication of a commencing pulmonary congestion, and the slightest degree of the accidents just mentioned. The primary precaution to be taken is to inject very slowly—not so slowly, however, as to give time for the blood to coagulate. With Moncoq's apparatus, which at each turn of the rack injects five grammes of blood, only half a minute is required for the blood to pass into the vein; and when slowness is counselled, it is so only relatively to the haste and suddenness too often employed. A guide in the matter is found in the normal course of the venous blood, which is what we should seek to imitate, keeping, as regards the impulse imparted, somewhat within physiological rapidity. It is also of importance not to inject too large quantities of blood at a time. In this patient about eighty grammes were injected. This was done slowly, and yet in her there was almost a threatening of the accidents that have been referred to.

The injection, which occupied about three minutes, was made at ten o'clock, and in about an hour she was able to drink without vomiting. The pulse continued miserable, and it was not until one o'clock that very decided improvements were observed. By four she was able to take food, and had lost a cephalalgia that had been very distressing before the operation. We need not pursue the details further, it sufficing to say that the patient is now well.

The apparatus of M. Malassez for the enumeration of the red globules was employed in this case. On the 29th, prior to the transfusion, there were found to be 850,000 red globules per cubic millimetre, while four hours after the operation there were 1,110,000. In eight hours after the transfusion 1,143,000 were counted. On February 13 they reached 1,850,000, and on March 4, 2,029,500. Thus, it is evident that life once revived by the injection of the tonic blood, the patient was henceforth enabled to produce new globules. It is to be observed, however, that in her there was no affection of the stomach, which is a favourable circumstance, the absence of which in other cases may explain their failure, the stomach in them not being able to continue the reparative action commenced by the transfusion. This is a point always to be borne in mind in deciding upon the propriety of undertaking transfusion.

This case which I have now detailed to you is instructive in many respects. On the one hand, it exhibits to you the marvellous efficacy of transfusion, which in this instance most certainly has preserved the life of the patient. Another lesson which is distinctly derivable from our case is the efficacy of relatively small quantities of transfused blood. Eighty grammes (twenty drachms) of blood have sufficed to save this woman. As a general rule, then, avoid injecting too large a proportion, for this is the best means of warding off pulmonary accidents and syncope. It is far better to return again to the charge, and practise successive transfusions, than to risk injecting too much at once. Again, it does not seem to me to be doubtful that non-defibrinated blood, inasmuch as it is intact and enjoys all its properties, is more apt to act in moderate quantities than blood which has been despoiled of a portion of its principles, and altered by whipping.—*Med. Times and Gaz.*, March 21, 1874, from *Révue Scientifique*, March 7, 1874.

HOSPITAL NOTES AND GLEANINGS.

Multilocular Cyst of the Ovary; Ovariotomy; Death. Under the care of Mr. LAWSON TAIT at the Birmingham and Middlesex Hospital for Women.

The following case, in the opinion of Mr. Lawson Tait, shows the uselessness of a retro-uterine drainage-tube after ovariotomy, as advocated by Dr. Marion Sims, and illustrates the comparative effect of methylene ether and sulphuric ether when used as anæsthetics.

H. L——, aged thirty-four, admitted January 2, 1874, with large multilocular ovarian tumour, which had been several times tapped, and one of the cysts of which had suppurated and burst about two inches above the umbilicus. The patient was very anæmic, had a weak heart and a considerable amount of albuminuria, so that it was thought very doubtful whether she should be submitted to ovariotomy, more especially as there was a strong probability of the existence of dense adhesions. Under the administration of iron and ammonia the albuminuria diminished very much in amount, and on January 7th the patient was placed under the influence of methylene ether in order to admit of a thorough examination of the pelvis and of the extent of the suppurating cavity. Before the anæsthetic was given, the pulse, though weak, could easily be felt, but as she gradually got under the influence of the ether the pulse became weaker and weaker until it could be recognized with difficulty. When the anæsthetic was stopped the pulse became gradually more perceptible, and soon resumed its original force. This process was repeated on a second trial of the ether without the occurrence of anæsthesia sufficiently complete to allow of the desired examination, and, as

it became evidently desirable to use some other anæsthetic, sulphuric ether (anhydrous) was substituted. Complete anæsthesia was obtained by this agent, with considerable difficulty, but without the slightest diminution of the pulse-force during its administration.

The examination showed that the pelvis was free from adhesions, and it was therefore determined to give the patient the chance of the operation, as she herself earnestly desired it, and had come from Yorkshire especially to have it done.

On Jan. 10th she was again placed under the influence of anhydrous sulphuric ether to the extent of complete anæsthesia without any perceptible alteration of the pulse-force. The ether, as usual, took a long time, and a large quantity was required to produce the desired effect, and during the operation the supply ran short. In the few minutes' interval necessary for renewing the supply the methylene ether was used to sustain the anæsthesia; but very little of it had been used before the administrator, Mr. Wright Wilson, noticed that the pulse was failing, precisely as it had done on the previous occasion. On the re-employment of the sulphuric ether it rapidly regained its volume, and the operation, a very tedious one, was completed without any further anxiety on account of the patient's pulse.

Here, in an unwished-for and unexpected manner, a comparative experiment was made, and verified by repetition, of the different effects of the two anæsthetics, and the result can be stated with a scientific accuracy rarely attainable in clinical therapeutics, that sulphuric ether is a much safer anæsthetic than methylene ether. It was perfectly evident that the methylene ether, on both occasions of its trial, had a direct and immediate depressant action on the heart—an action which would probably have been fatal if continued; and the second experiment showed distinctly that sulphuric ether not only had no such depressant action, but, on the contrary, acted immediately as a stimulant.

The tumour proved to be a large multilocular dermoid cyst, densely adherent, as had been previously diagnosed. So dense were the adhesions that several plates of calcareous matter, one two inches in length by one in breadth, had been formed in the peritoneum. The adhesions were very extensive, affecting the whole of the anterior and lateral walls from two inches below the umbilicus upwards. There were no adhesion in the pelvis, none to the viscera, and only one of recent date and of small extent to the omentum. The hemorrhage from the adhesions was tolerably profuse, but only one point required to be tied. It seemed to be a suitable case, if any such could be found, for the insertion of a drainage-tube through the retro-uterine cul de sac; and, with the concurrence of his colleagues, Dr. Savage and Mr. Ross Jordan, Mr. Tait passed a double loop of large-sized wire drainage-tube through the roof of the vagina.

A few hours after the operation a faintly reddish-coloured serum began to pass from the wound about its middle, and continued to do so up to the patient's death; probably several pints in all so passed. Not a drop, however, came by the tube until the body was moved after death. At the post-mortem examination it was evident that the tube was occluded by the pressure of the intestines, for as soon as they were lifted out of the pelvis a large quantity of fluid flowed rapidly through the tube.

The patient died of shock; for there had been no hemorrhage, nor were there any signs of peritonitis.

Of five other cases of death after ovariotomy in which Mr. Tait has obtained or seen post-mortem examinations, and in which the cause of death was the effusion of purulent or other fluid into the peritoneum, in not one could a drainage-tube have been of the slightest use; and the possibility of benefit arising from the insertion of one seems to be very remote, while the probability of its doing harm is very considerable.—*Lancet*, February 21, 1874.

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Two Cases of Penetrating Wound of the Abdomen, treated at the Hôpital St. Louis, Paris.

Case 1. The wound was seated in the left hypochondrium, and was caused by a

gouge. Hemorrhage occurred, and the epiploon came through. When admitted into the hospital, the epiploon formed a tumour of the size of a nut; it was strangulated by the lips of the wound, but was not very painful. Ice was ordered to be constantly applied to the abdomen, so as to ward off consecutive inflammation, and occlusion was effected by means of goldbeaters'-skin and collodion. After three days the use of ice was discontinued. No reaction occurred; obstinate constipation was observed. Three successive doses of saline purgatives were required to bring on a *débâcle*, or breaking up of fecal matter. Eight days after, the goldbeaters'-skin was removed, and lint was simply applied. The tumour had diminished, and was painless; it was very vascular, and fleshy granulations of an excellent character were noticed on the epiploon. On the 29th October (fourteen days after admission) the patient left the wards. There existed a tumour of the size of a small cherry; the surrounding part of the pedicle was hardened, and a kind of puffiness extending into the abdomen was to be noticed.

Case 2. The above case may be compared with another one admitted some time previously into the wards. The patient had received a cut with a knife slightly below the epigastrium on the mesial line. The protruded epiploon formed a tumour of the size of the fist. The surgical treatment was the same. Healing was left to nature, and all went on safely and nicely. At the end of two months the tumour had diminished to the size of a nut, and offered the same characters as the one described. The process of disappearance of the tumour is effected by means of suppuration and of decreasing size; it returns gradually into the abdomen.—*Lancet*, March 14, 1874.

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Excision of the Knee-joint.—Dr. E. A. Rawson reports (*Irish Hospital Gaz.*, March 16) the following interesting case of this. The subject of it was a strong, healthy looking fellow, æt. 23, admitted into Carlow County Infirmary with his right knee anchylosed, which prevented his doing any work. Several years before he had had an attack of inflammation in the joint, and the leg had been allowed to remain bent. The anchylosis was very firm, and no amount of force could move the knee in any way whatsoever. He had no pain, and was in perfect health. On the 28th of Sept. 1869, "having been put under the influence of chloroform, the patient was placed on the table, with his legs hanging over its end. Standing on his right—the affected side—I made a single semilunar incision from the internal condyle of femur to the external, below the patella, opening into the joint, with the one sweep of the knife. I now grasped the ankle, and forcibly flexed the leg on the thigh; the anchylosis gave way with a loud crash. But few traces of the articular cartilage remained; all the ligaments were, however, entire. After dissecting the soft parts from the bones, I removed about two inches of the femur, and a quarter of an inch of the tibia, with Butcher's saw. There was scarcely any bleeding. One small vessel was secured by acupressure. I then attempted to straighten the leg, but could not do so, as enough had not been taken off the tibia, and the contraction of the hamstring muscles also prevented me. Accordingly, I removed another quarter of an inch, straightened the leg with ease, and closed the wound with wire sutures, dressing it with carbolic acid and oil, equal parts. The hemorrhage was of the slightest nature. The limb was bandaged, and placed in a box splint, with hinge sides, and the patient put to bed. He rallied well from the chloroform, and expressed himself as feeling very comfortable. I stayed with him for some time after the operation, and all went on well. About three hours after I left him, I received a message that he was bleeding. I went to him at once, and found him deluged with blood. It had soaked through the bed, and made a pool on the floor. He was pale as a sheet, and sighing. I opened the wound, turned out large coagula, and flexed the leg on the thigh. There was no arterial hemorrhage, but a general oozing poured from the cut ends of the bones. I soaked them with perchloride of iron; useless. Aluminate of iron checked the hemorrhage for the mo-

ment, but it soon poured out afresh. I then freely applied skewers, at a white heat, but they seemed to make the blood come more rapidly. The ether spray now checked the hemorrhage as long as I kept it applied, but the moment I stopped, it commenced again. The patient was swallowing quantities of whiskey and beef-tea, etc., but he began to faint; his eyes became glassy and fixed. I placed a sponge between the bones, and shutting them up on it, closed the wound. There was very little more blood for him to lose, but at any rate no more came. To my astonishment he rallied, was much stronger next day, and took a large quantity of nourishment. On the third day I removed the sponge with difficulty, as the granulation had grown into it. I made a mental note to use a pad of lint in any future similar case. The wound healed, and the bones united rapidly without any drawback. The patient grew fat, and stronger than ever, and in two months was walking about with crutches, which he soon discarded for a walking stick. This he shortly after threw aside, and could beat any ordinary man at walking. Discharged from Hospital, December 20th, 1869. I heard that he was shown in the theatre of the Meath Hospital about two years ago; and I met him since in the Athy Poorhouse, a stout, able-bodied pauper, with a perfectly straight, stiff leg, and a semilunar scar at the knee, which looked very like a normal knee-joint, as I had left the patella. The shortening was not observable, and he did not wear a high-heeled boot, attributable, no doubt, to the pelvis accommodating itself to the shortened leg."

Dr. R. reports also another similar case in which the ends of the bones also bled very freely, and nothing availed to stop the hemorrhage but the pressure of lint with the fingers. "Aluminated iron, effective in the former case, was nearly quite useless in this. However, soaking a pad of lint in it, I placed it between the ends of the bones, shut them up together, and closed the wound; pads of lint were placed all round, and firmly bandaged down. There was no secondary hemorrhage, and he rallied well. On the third morning I opened the dressings, and extracted the pad of lint from between the bones. The wound rapidly healed. A few large granulations were kept down with sulphate of copper. There was very little suppuration, and the pus came away at the angles. The limb was kept in a long box splint, with hinges at the sides. It was dressed first with carbolic acid and oil, equal parts; then with bluestone wash; then, in consequence of some inflammatory symptoms, poulticed for about ten days." The patient recovered, and was able to walk without a stick. As in the first case, the patella was not removed.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Diphtheria.—At a late meeting of the New York Pathological Society, Dr. J. Lewis Smith presented a specimen of diphtheria, with the following history; T., aged three years, died after a sickness of about one week from diphtheria, which supervened upon measles. During the last four or five days of the disease the symptoms, namely, stridulous inspiration, depression of the sternum during inspiration, and lividity of the lips and tips of fingers, indicated extreme laryngo-tracheal obstruction. The fauces, which were inspected each day, were constantly swollen and injected, but without a pseudo-membrane. Five days before death the pulse was 164, respiration 28 per minute, and temperature 101½°; two days before death the pulse was 160, respiration 28, and temperature 104°.

The post-mortem examination embraced only the larynx, trachea, and commencement of the bronchi. A continuous pseudo-membrane extended from the tip of the epiglottis downward over the mucous membrane as far as it could be traced in the dissection. It was thicker and firmer below than above, so that it probably extended into the smaller divisions of the bronchial tree. It was somewhat pultaceous on the under surface of the epiglottis and in the larynx, but it could not be readily separated from the mucous membrane; while in the trachea it was readily detached in a thick and

firm layer. The mucous surface underneath presented a deep-red colour, and was considerably thickened by hyperæmia and infiltration.

It seems evident that the disease of which this child died was diphtheria, and not true croup, from the fact that the former was epidemic in the institution at the time, three children having diphtheritic inflammation of the eyelids in the same ward in which this patient was treated.

During an epidemic of diphtheria the specific inflammation is apt to attack those surfaces which are already inflamed or irritated, and in many patients it affects only such. Therefore if it attack a patient with scarlet fever, its seat is the fauces, and if, as in the present instance, one with measles, in which there is general inflammation of the air-passage, it ordinarily involves not only the fauces, but also the surface of the larynx, trachea, and bronchial tubes, being, therefore, from the extent and thickness of the pseudo-membrane, ordinarily fatal. The three children with diphtheritic conjunctivitis, alluded to above, were previously under treatment for inflammation of the eyelids.

It is important, both as regards prognosis and treatment, to determine in cases like the above, in which there is obstructed respiration but no pseudo-membrane on parts which are visible, whether the laryngo-tracheitis is catarrhal, with an unusual degreee of infiltration, or pseudo-membranous. From my observation of these cases I do not doubt, if the dyspnœa do not begin to abate by the second or third day under appropriate treatment, that we are contending with a pseudo-membrane.

This patient was treated with quinia, iron, and alcoholic stimulants internally. The quinia was administered in moderate doses; but in severe diphtheria and scarlet fever large or frequent doses of this agent are tolerated, and are sometimes apparently useful. When I entered on duty in the Asylum in the same epidemic, one of my colleagues was treating a patient of three and a half years, having severe scarlet fever and diphtheria, with two grains of quinia administered hourly, and though forty-eight grains had been given in twenty-four hours, the pulse was 156 per minute, the temperature, 103⅘°, showing that there was not such reduction of pulse and temperature as ordinarily attends the employment of large doses of this agent. The patient recovered, the quantity of quinia administered daily being, however, reduced to twelve grains.

The local treatment in the case which I have related consisted in the application to the fauces, every three hours, of the following, which has given me better satisfaction than any other medicine for local treatment which I have employed: ℞.—Acidi carbolici, gtt. v; Liq. ferri subsulphat. ʒij; Glycerinæ, ʒj.—M.

The brush was employed in preference to the probang, as it is less painful, and where there is a pseudo-membrane does not produce hemorrhage by its detachment.

The small room in which the child was treated was also filled, as far as possible, with steam. As steam or water softens the epidermis, so I believe that it softens and aids in the removal of the pseudo-membrane, which is mainly epithelial, more effectually than any other local measure. In each of the shallow pans from which the steam was generated, a small lump of quicklime was placed, so that the steam was charged with particles of lime, which were quite perceptible in the breath. If much lime be added, the water becomes too thick or syrupy, so as to diminish the evaporation, and therefore render the quantity of steam insufficient. The spray of lime-water, whatever may be its solvent effect, certainly renders the respiration in a close and hot room more tolerable, perhaps from its rapid absorption of carbonic acid.—*Medical Record*, April 1, 1874.

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Treatment of Pertussis.—At a recent meeting of the New York Pathological Society, Dr. J. Lewis Smith stated that his own experience with the belladonna and quinia, now in a considerable number of cases, without, however, any exact statistics of their effects, incline him still

to prefer belladonna in ordinary cases, given twice daily in doses sufficiently large to produce its physiological effects. An abatement in the severity of the cough may be confidently expected when the belladonna has been employed a few days. Quinia is useful, in addition to external irritation, when there is febrile movement with accelerated respiration, due to bronchitis or broncho-pneumonia. If cerebral symptoms arise, bromide of potassium Dr. Smith has found more useful than any other remedy, administered alone or with iodide of potassium.—*Medical Record*, April 1, 1874.

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Removal of Five Inches of Sciatic Nerve.—The patient was a female, who had been admitted to Bellevue Hospital on account of a tumour which was situated in the posterior portion of the left thigh, which was then giving her considerable inconvenience, although it had been first noticed more than a year.

It was decided to remove the tumour. When cut down upon, it was found to be intimately connected with the sciatic nerve, and to such an extent as to preclude all possibility of its removal, without completely removing a large portion of the nerve. A halt was made, and a counsel held with regard to the proper method of procedure. It was decided to remove as much of the nerve as might be necessary to permit the removal of the tumour, and await the result. Accordingly, about five inches of the nerve were removed, the wound dressed, the patient placed in bed, and the result of the operation anxiously awaited. The patient was discharged from the hospital within three weeks, with but slight impairment of motion and sensation.—*Med. Record*, March 2, 1874.

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Local Action of Bichromate of Potash.—Dr. Green reported to the Boston Society for Medical Observation (*Bost. Med. and Surg. Journ.*, Jan. 15, 1874) three cases lately seen by him, which exhibited the local effect of bichromate of potash on the nose. They occurred in workmen of a large chemical manufactory, who were exposed to the dust of the salt, which, by lodging on the mucous membrane of the nose, caused ulceration. In one of the cases, the entire cartilaginous septum had been destroyed, and the whole nasal mucous membrane was in a state of purulent inflammation; in another, there was a large and deep ulceration on the septum, without perforation; while, in the third, the whole membrane of the septum was dotted with minute ulcerations. In the first case, the disease had been mistaken for syphilis. The removal of the men from their work, strict cleansing of the part with a syringe, and the application of mild stimulating lotions, checked the ulcerations immediately, and soon restored the membrane to a healthy condition. By the use of cotton-wool respirators, as suggested by Tyndall, the men afterwards resumed their work, and have continued free from trouble.

Almost every one in the factory had been more or less affected by the dust of the salt; some with ulcers on the hands and body, others with nausea, and almost all with more or less purulent nasal catarrh. The severity of the symptoms was generally proportional to the amount of the dust to which the persons had been exposed.

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Cerebral Symptoms produced by the Use of White Lead as a Cosmetic.—Dr. James H. Hutchinson reports (*Phila. Med. Times*, Jan. 17, 1874) two cases of cerebral symptoms produced by use of white lead as a cosmetic, and a third in which only the more usual symptoms of lead poisoning were observed.

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American Medical Association.—The Twenty-fifth Annual Session will be held in the city of Detroit, Mich., on Tuesday, June 2, 1874, at 11 A. M.

The following amendment among others to the Plan of Organization is to be acted upon:—

For the second paragraph of Art. II. substitute the following:—

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their re-

spective State Societies, and from the Medical Department of the Army and Navy of the United States."

Medical Graduates in 1874—*continued from page* 55.—

University of the City of New York	76
College of Physicians and Surgeons of New York	84
Medical College of the State of South Carolina	28
Medical Department of University of Nashville	72
Miami Medical College	53
Indiana Medical College	49
Detroit Medical College	20
Missouri Medical College	41
College of Physicians and Surgeons, Keokuk, Iowa	40
Bellevue Hospital Medical College	163[1]
Louisville Medical College	76
University of Vermont	23

Medical College of Ohio.—Several changes are announced in the Faculty of this school. Dr. James Graham, Professor of Practice of Medicine, has resigned, and been appointed Emeritus Professor; Professor R. Bartholow has been transferred from the chair of Materia Medica to that rendered vacant by the resignation of Dr. Graham; Professor Samuel Nichols has been transferred to the chair of Materia Medica; and Dr. Clark, formerly Demonstrator of Chemistry, has been appointed Professor of that branch.

Jefferson Medical College.—At a meeting of the trustees of this institution held on 7th of April, WILLIAM H. PANCOAST, M.D., was elected to succeed his father, Prof. Joseph Pancoast, in the Professorship of Anatomy.

Philadelphia College of Pharmacy.—At the commencement, held on the 12th of March, the degree of Graduate in Pharmacy was conferred on 81 candidates.

Mr. Joseph P. Remington has been elected Professor of Theory and Practice of Pharmacy in this College of Pharmacy, in place of the late William Procter, Jr.

[1] By a misprint given as 181 in our preceding number.

Missouri Clinical Record.—This is the title of a new monthly medical journal, the first number of which appeared on the 1st of April of the present year. It is edited by Dr. Hardaway, Clinical Lecturer on the Diseases of the Skin, Missouri Medical College. The number before us has a very neat appearance, and is well supplied with useful matter. We welcome our new contemporary to our exchange list, and wish it success.

The late Prof. Henry Miller, M.D.—At a stated meeting of the College of Physicians of Philadelphia, held April 1, 1874, the following preamble and resolutions were adopted:—

"*Whereas*, The College of Physicians of Philadelphia have heard with profound regret of the death of Prof. Henry Miller, M.D., of Louisville, Kentucky, an Associate of this College; and whereas, it is meet and proper, when a great and good man dies, his surviving friends should record their opinion and feeling of his worth; therefore, be it

"*Resolved*, That in the death of Dr. Henry Miller, for nearly a third of a century Professor of Midwifery, first in the University of Louisville, and afterwards in the Louisville Medical College, medical science has lost one of its most zealous votaries, obstetric medicine one of its most instructive and lucid expounders, and American authorship one of its most able and distinguished writers.

"*Resolved*, That a minute of these proceedings be recorded upon the books of this College, as a mark of our appreciation of our deceased associate; that a notice of them be published in the medical journals of this city, and also that the Secretary be instructed to send a copy of them to the family of the late Prof. Miller, with the assurance of our heartfelt sympathy in their bereavement."

FOREIGN INTELLIGENCE.

Syphilis and Mercury.—There are few remedies which through a couple of centuries have by turns been in disgrace and in great favour. Among these mercury holds the foremost rank, and so late

as the 8th inst., at the Hunterian Society, Mr. Jonathan Hutchinson thought that additional testimony was needed to strengthen the faith of those who believe in the efficacy of this drug in lues venerea. The meeting was numerously attended, several of the London syphilographers being present, and much interest was evinced in Mr. Hutchinson's paper, in which he, by facts and arguments, strove to prove that full reliance should be placed on mercury in the different stages of syphilis. The non-mercurialists did not muster very strong, only one representative of the sceptics being present, who, though he tried to make good a few points, did not succeed in carrying the audience with him. Mr. Hutchinson's supporters were more numerous, and plainly stated their confidence in the use of mercury. If this meeting may be taken as a tolerable criterion of the state of the question in London, the mercurial treatment of syphilis is decidedly in favour. But in controversies of this kind the *audi alteram partem* should be ever borne in mind; and it remains to be seen whether an anti-mercurialist champion will shortly bring the subject before a medical society, and throw the weight of certain facts and arguments, which have long been before the profession, into the scale. The latest book published on the cure of syphilis without the aid of mercury is by M. Desprès, of Paris. This author considers syphilis as a pyæmic affection, and treats it on hygienic and antiseptic principles. M. Desprès was for a series of years surgeon to the female Lock Hospital of Paris, and therefore deserves to be heard.—*Lancet*, Jan. 17, 1874.

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Uses of Chloral in Cancer.—The uses of chloral in cancer were discussed at the last sitting of the Société Thérapeutique. Its efficacy in cancer was pointed out by Dr. C. Paul, who had used it in the shape of suppositories containing fifteen grains of chloral. Introduced into the vagina, they had procured sound sleep during a whole night in cases where considerable doses of morphia had no anodyne effect, while the nature of the secretions, and especially their fetor, were favourably modified. Dr. Martineau mentioned a case of recurring cancer of the breast which had almost reached the thoracic walls and the lung. Pledgets of lint steeped in a solution of chloral were introduced. Three days after the surface had assumed a healthy hue, and was granulating kindly; the fetor had vanished and the hemorrhage stopped. Cancer of the uterus had likewise improved, so far as the pain and fetor were concerned, under similar treatment.—*Lancet*, March 14, 1874.

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Chloral Hydrate in Gonorrhœa.—Dr. PARONA has made an extended trial of chloral as an injection, both in the gonorrhœa of men and in blennorrhagia, and speaks of its value as a sedative, and also as an astringent. The strength of the injection is one gramme, or one gramme and a half, of chloral to 100 grammes of water. The injection is used three times a day, and retained as long as possible. The best time to commence it is when the acute symptoms are subsiding, and it then not only relieves the pain and distress on passing water, but also removes the discharge. — *Giornale Ital. delle Malattie Venerée*, and *Med. Times and Gazette.*

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Podophyllin in Habitual Constipation.—VAN DEN CORPUT recommends the following formulæ. 1. Podophyllin, 20 centigrammes; soap, 1 gramme; essence of fennel or of canella, as many drops as are sufficient; the mass to be divided into ten pills, of which from two to four are taken daily. 2. Podophyllin, 30 centigrammes; extract of nux vomica, 50 centigrammes; extract of belladonna, 30 centigrammes; to be divided into ten pills, of which two or three are a daily dose.—*Brit. Med. Journ.*, Feb. 14, 1874.

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On the Treatment of Alcoholism by Nux Vomica.—Dr. LUTON (*Mouvement Médical*, Dec. 1873) describes excellent effects from the use of nux vomica in chronic alcoholism, where the evil has not passed into the absolutely degenerative stage of tissue-change. In the tremors, cerebral disorder, and gastro-intestinal and thoracic disorders of alcoholism, he resorts with confidence to the use of extract or tinc-

ture of nux vomica in ordinary doses.—*Lond. Med. Record*, March 18, 1874.

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Parenchymatous Injection of Carbolic Acid.—Hüter strongly recommends the injection of a two per cent. solution of pure carbolic acid in water as the most active antiphlogistic remedy for all forms of parenchymatous inflammation. He makes the injection in the position where the lymphatics bring the acid in direct contact with the inflamed tissue. The result of such parenchymatous carbolic injection he describes, from experience, as being miraculous; and he says there are no material impediments to its use in organs such as the lungs, spleen, etc., but he has not as yet practised it in these viscera.—*Irish Hospital Gazette*, April 1, 1874, from *Centralblatt*, Jan. 24.

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Carbolic Acid, Subcutaneously, in Erysipelas.—Dr. Aufrecht, of Magdeburg, describes the result of subcutaneous injection of carbolic acid solution (1 per cent.) in two cases of erysipelas as being most striking. Both patients, in which he used the method, were very old. The injections were repeated four and six times.—*Ibid.*, from *Centralblatt*, February 21.

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Fuchsin as an Antiseptic.—This anilin preparation is said by Laujanois, in the *Comptes Rendus*, to be a remarkably powerful antiseptic. One per cent. added to a solution of gelatine, not only preserved it, but a piece of fresh meat wrapped in paper soaked in this medicated gelatine solution kept for months without a sign of putrefaction. One forty-thousandth part ($\frac{1}{40,000}$) added to urine, prevents it perfectly from decomposing. Such experiments merit careful repetition.—*London Med. Record*, Jan. 7, 1874.

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Alcohol as a Constituent of the Urine.—After observations made upon individuals subjected to a rigid abstinence from alcoholic drinks, M. Bechamp concludes that the urine of man contains an appreciable quantity of alcohol as a normal element. It is produced, he believes, physiologically, by the liver.—*Irish Hosp. Gaz.*, Dec. 15, 1873.

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Double Ureter.—Dr. W. G. Smith exhibited at the Pathological Society of Dublin, Jan. 10, 1874 (*Irish Hosp. Gaz.*, Jan. 15, 1874), an instance of the above rare abnormality which he had found in a dissecting-room subject. The double ureter was on the right side; the left kidney and its ureter were normal.

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Congenital Alopecia.—Lebedi publishes in Langenbeck's *Archiv* (vol. xiv.) two cases of congenital alopecia. In a piece of skin excised from the scalp, the sebaceous and sudoriparous glands were found normal, and there were also follicles which resembled those of the hair and were provided with arrectores muscles, but showed no trace of a bulb.—*London Med. Record*, Feb. 11, 1874.

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Case of Trichiniasis.—Dr. Coupland exhibited, at a recent meeting of the Pathological Society of London (*Lancet*, January 17, 1874), muscles affected with trichinæ. A man, aged thirty-three, died in Middlesex Hospital with chronic phthisis and recent acute bronchitis. The muscles were extremely wasted, and he suffered from extreme orthopnœa. At the post-mortem all the voluntary muscles contained calcified trichinæ, also the diaphragm and intercostal muscles, and one muscle of the internal ear, the tensor tympani. The heart was not affected. He calculated that about seventy-five millions of trichinæ were present in the muscles. In one cyst there were found two trichinæ. It was probable that the patient caught the disease nine years ago, when in New York, where he suffered from a severe attack of what was called "enteric fever."

Dr. Greenhow said it was a very rare case. He had been struck with the extreme emaciation of the muscles of the chest and the deficient expansion of the thorax; he thought the patient died as those do who suffer from muscular atrophy. The bronchial disease was slight, but he had little power of expectorating.

On the Influence of Posture on Pre-systolic Murmurs.—In an interesting article in the *Practitioner* for Dec. 1873, Dr. W. R. Gowers calls attention to the influence of posture in altering or removing cardiac murmurs, and particularly the so-called "pre-systolic" mitral murmur. Several cases have come under his notice, in which, after a careful and skilled examination in the erect posture, a heart has been declared free from murmur, when, had the patient been made to lie down, a bruit would have been heard which could not have been overlooked. Dr. Gowers believes, that in most instances the murmur which precedes the first sound, and is commonly regarded as characteristic of mitral obstruction, is both louder and longer in the recumbent than in the erect posture, and that, in many instances, more frequently than in the case of any other cardiac murmur due to an organic cause, it may be heard in one posture and not in another, may be loud when the patient is lying down, and inaudible when he is standing up.

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Excision of Scapula.—Mr. O'Grady removed the entire scapula on the 20th of Jan., at Mercer's Hospital, for cario-necrosis, from a young man, aged 19. Some three inches of the head and shaft of the humerus of the same side had been over a year previously removed by the same operator. The case is progressing favourably.—*Irish Hosp. Gaz.*, Feb. 2, 1874.

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The Rate of Mortality after Amputations.—Mr. John Eric Erichsen, in his first lecture on Hospitalism, stated (*British Med. Journ.*, Jan. 17, 1874) that the rate of mortality after amputations in hospital practice still continues to be very high, and that it has not decreased since the publication of the first amputation statistics in civil practice about thirty-five years ago.

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Rupture of the Bladder.—Mr. Morgan exhibited to the Surgical Society of Ireland (*Irish Hosp. Gaz.*, Feb. 2, 1874), an example of the above injury. The day before the patient, from whom the specimen was obtained, was admitted into hospital, he had, while under the influence of drink, fallen on his face when going into a yard for the purpose of passing water. Owing to a stricture of the urethra, a No. 5 catheter only could be passed, and by it some bloody urine was drawn off. Symptoms of peritonitis set in, and the man died on the fifth day after the accident. The walls of the bladder were much thickened; the rent, which was a large one, was situated, as is usual, at the upper part of the viscus. Two portions of intestine lay against, and were partly adherent to, the bladder. The case was remarkable (1) from the occurrence of a rupture in a diseased bladder; (2) from the size of the rent; and (3) from the time the patient lived after the injury.

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Mustard Plaster.—It is stated in the *London Medical Record* (February 25, 1874), that, in making a mustard plaster, no water whatever should be used, but the mustard mixed with the white of an egg; the result will be a plaster which will "draw" perfectly, but will not produce a blister even upon the skin of an infant, no matter how long it is allowed to remain upon the part.

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Lusus Naturæ.—Dr. W. H. Bent, of Argyle, N. S., reports the following peculiar case of monstrosity occurring in a child whose parents reside in Pubnico. It has three legs in perfect use, two complete sets of sexual organs (male); two perfect arms, and two imperfect ones—the latter growing from the middle of the back and curving in a line with the lower ribs. The head is finely developed, and what appears to be a second one is situated half way down the left side of the neck. It is considered a great wonder among the French Acadians.—*London Med. Record*, Jan. 7, 1874.

Dr. Depaul presented to the Academy of Medicine, of Paris, a most interesting monstrosity, in the shape of a little girl of five or six years bearing on her abdominal walls the hindpart of a child's body. M. Hervieux was appointed to investigate the case and report on it, and he has just sent in his report. According to him, this *lusus naturæ* is not an instance of mon-

strosity through inclusion, but must take rank among Geoffroy St. Hilaire's class of "polymelians," characterized by the insertion of one or several redundant limbs on a well-formed body. In this instance, the redundant part shows no genital organs or anal orifice; the limbs are of unequal growth, the joints are anchylosed, and all the parts show little vitality and sensibility. The two bodies are joined together by a large base, both pubes being attached together; but movements are extensive enough. The soft parts seem to constitute a fatty mass, without muscles, tendons, or aponeuroses. It is very likely that the abdominal viscera are absent. The little girl is quite healthy, and well developed; but there is no doubt that the tumour is a great hindrance, and may continue to develop, so that, in view of the above circumstances, Dr. Hervieux arrives at the conclusion that surgical interference is possible and necessary, and that the growth should be cut off. It would seem, however, that the girl's relatives are much more disposed to exhibit this unfortunate *lusus naturæ* than to give her the benefit of an operation.—*Lancet*, Jan. 17, 1874.

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Duration of Human Life.—The mean duration of human life has notably increased. There exist at Geneva mortuary records, kept with great exactitude, from the year 1650. A comparison of the figures in this record shows that the mean duration of life at the period mentioned was 22½ years; it is now 40 years and 5 months. It has thus doubled in less than three centuries. In the fourteenth century the average of deaths in Paris was 1 person in 16; it is now 1 in 32.—*L'Union Médicale*, March 14, 1874.

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New Sign of Death.—M. Bouchut stated at the Académie des Science that at the moment of death gases which are normally imprisoned in the venous blood are disengaged, forming a pneumatosis of the veins. The pneumatosis of the veins of the retina is easily appreciable by the ophthalmoscope, and constitutes an immediate and certain sign of death. This pneumatosis is indicated at the moment of death by the interruption of the column of blood in these veins—a phenomenon similar to that which is observed in the interrupted column of a thermometer with coloured alcohol.—*Med. Times and Gaz.*, March 21, 1874, from *Gaz. des Hôp.*, March 10.

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Parisian Medical Journals.—It is stated (*Archives Generales de Méd.*, March, 1874) that there are no less than thirty medical periodicals published in Paris at the present time, the titles of which are given. Of these three are issued quarterly, one every two months; seven monthly, and the remainder at shorter intervals.

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Professor Hyrtl.—It is announced that Dr. Hyrtl, the well-known Professor of Anatomy in the University of Vienna, is about to retire from the chair which he has so long and worthily filled.

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Obituary Record.—Died, at his country seat near Limoges, on the 7th of March, of acute pneumonia, aged 88 years, Prof. Cruveilhier. Prof. C. was a pupil of Dupuytren, succeeded Béclard as Professor of Anatomy in the School of Medicine, and occupied afterwards the chair of pathological anatomy created by a legacy of Dupuytren. He was the author of many most valuable works, among which may be enumerated, *Traité d'Anatomie pathologique générale, avec atlas; Traité de Médecine pathologique, Anatomie descriptive*, etc. His novel observations were numerous, as those regarding simple ulcer of the stomach, fibrous tumour of the mammæ, the anatomical characteristics of cancer, progressive muscular atrophy, etc., attest.

He occupied in his day a lofty eminence in the profession, and was justly greatly esteemed not only for his scientific attainments, but also for his modesty and benevolence.

——In Paris, March 18th, of apoplexy, Dr. Joulin, principal editor of the Obstetrical Journal (*Gazette de Joulin*), and Prof. of Midwifery at the School of Medicine.

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Simply marvellous as the work of a fully occupied practitioner, embarrassed with the engagements of practice and hospital work. That it redounds immensely to its author's credit, and will greatly enhance his already high reputation as a scientific physician, is only what one would expect. The book is and will always remain, a monument of its author's learning and industry. It will always be quoted as an authority and as a mine of reference on the subject of which it treats.—*Brit. and For. Med.-Chir. Rev.*, London, April, 1874.

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To be without a copy of "Griffith" for reference, is tantamount to being without a work on practice.—*Western Lancet*, March, 1874.

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